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## PROJECT DESCRIPTION

**Cluster Group Affiliation**—HIV/AIDS Outreach

**Congressional Districts Served**—California 8<sup>th</sup>, 12<sup>th</sup>

**Purpose, Goals and Objectives**—The purpose of the *Ujima* Program is to increase the number of women of color who reach and remain in recovery from substance abuse and decrease the rates of HIV infection among high-risk women of color. *Ujima* means “collective work and responsibility” in Swahili. The goals are to reduce substance use and the criminal consequences of substance abuse, to eliminate new HIV infections by addressing critical gaps in local HIV infection prevention services, to expand case management support, to improve the quality of life as well as social functioning, health, and housing status, and to improve client access to other social and health services. The program objectives are in two domains: substance abuse and HIV/AIDS prevention. The substance abuse objectives are to provide substance abuse counseling and case management as substance abuse treatment information and referrals to 100 women and their children per year as well to provide medical referrals, to provide housing resources as needed, and to provide mental health assessment and referral for dually diagnosed clients. The HIV/AIDS prevention objectives are to provide street outreach, education, and referrals; to conduct 20 two-hour multiple session group workshops to 100 women at high risk per year; to conduct 40 two-hour single session group workshops to 150 high risk women per year; to provide individual risk reduction counseling for 50 women at high risk per year, to expand case management, to provide local transportation and housing assistance, and to collaborate with medical services providers.

**Target Population/Geographic Service Area**—The target population for the *Ujima* project is low-income women of color in San Francisco who have substance abuse and mental health problems and/or are at risk for HIV/AIDS. The program is located in the Mission District, across from Valencia Gardens public housing project. There is some overlap with women in prison and IV drug users.

**Theoretical Model**—The theoretical model utilized will be the Relational Model with comprehensive holistic treatment and case management support, which specifies gender differences in women’s recovery. Relapse prevention and strengths-based models are also utilized.

**Service Providers**—The *Ujima* Program is part of the Iris Center, a nonprofit community-based organization in operation for the past 23 years. It is consumer directed and specializes in treatment and outreach services for low-income women. The staff and board of directors include ethnic representation of the client population. The *Ujima* Program targets women of color, particularly African American women. The staffing plan includes licensed clinical social workers and licensed psychologists to direct and clinically supervise the program. Additional staff recovery counselors, child care workers, advocates, and case managers. The Iris Center is part of a collective of several collaborative community workgroups and councils focusing on HIV/AIDS prevention and substance abuse as well as mental health treatment.

**Services Provided**—Services provided by the *Ujima* Program include outreach for substance abuse outpatient treatment and HIV/AIDS prevention, outpatient drug treatment, day treatment, mental health services for dually diagnosed women, case management, substance abuse and HIV/AIDS education and referral, supportive ancillary services such as housing assistance, and collaboration with medical services. Therapeutic child care is also provided, as well as counseling for children and couples and parent education.

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Drugs addressed by the grantee are not specified, but clients include intravenous drug users.

**Number of Persons Served**—The number of persons to be served by the *Ujima* Program will be 100 women and their children per year for substance abuse counseling, HIV/AIDS prevention workshops for 100 high-risk women per year in multiple session group presentations, HIV/AIDS prevention workshops for 150 high risk women per year in single session group presentations, and individual HIV/AIDS risk reduction counseling for 50 high risk women per year.

**Desired Project Outputs**—The *Ujima* Program delineates measurable outcomes that correspond with their objectives. For the substance abuse objectives, they intend that 65 percent of clients will report reduced substance abuse and improved self-esteem and social functioning, 90 percent of clients will report improved health, and 60 percent of clients will have obtained stable housing. For HIV/AIDS prevention objectives, the desired outcomes are: 80 percent of clients will report improved services access, to health services and 60 percent of clients will stable housing.

**Consumer Involvement**—The Iris Center is described as community based,with staff and board representation that includes constituents representative of the ethnic groups served as clients. Further, the Iris Center recruits consumers to be trained and involved as advocates,and several staff are in substance abuse recovery themselves. It also has an advisory board to foster community participation. Client surveys as well as suggestion boxes are regularly utilized.

## EVALUATION

**Strategy and Design**—The *Ujima* Program will utilize outcome measures and a process evaluation. The program will use both quantitative and qualitative measures. Measures will be taken at various intervals, depending upon the outcome being assessed. Some will follow the schedule for the GPRA data collection, including intake, discharge, and quarterly measures, but some data will be collected at other times, such as during pretests, and post-tests following HIV/AIDS prevention workshops, medical records showing utilization and diagnoses, various program logs as well as participant sign-in sheets, and practice-based staff performance evaluations, including monitoring cultural competence.

**Evaluation Goals/Desired Results**—The evaluation goals are to examine clinical outcome data from a variety of sources as well as client utilization and satisfaction and discharge status data that includes examination of housing, work, and parent-child relationship status. The evaluation is aimed at assessing treatment effectiveness and tracking program implementation, with a particular focus on treatment utilization, retention, and completion.

**Evaluation Questions and Variables**—Measurable outcomes will be in two domains: substance abuse treatment-related measures and HIV/AIDS prevention measures. The following are the process and outcome variables to be evaluated change in substance use and symptom improvement; change in self-esteem; change in social functioning and overall level of functioning as well as social skills improvement, including reunification with children, family relationships, and work status; level of client referrals for other services outside of the agency; use of case management services types and amounts of services received; treatment progress, hospitalization rates and medication compliance; degree of mutual support skills acquisition, treatment retention rates and length of stay, housing status, criminal activity, change in high-risk behavior, and client satisfaction.

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**Instruments and Data Management**—Instruments for process and outcome measures will be self-report measures of sobriety and clean and sober social network, client records; program staff logs of client referrals and case management services; discharge status measures from client records; hospital utilization data; sign-in sheets documenting participation in workshops and use of services, medical records; mental status examination forms; annual behavioral risk assessments, including HIV surveillance and seroprevalence reports outreach tracking logs and service logs; workshop content logs; case management notes and records showing followthrough; records of distribution of tokens for transportation assistance; self-report health questionnaire; client satisfaction surveys; Client Assessment Forms; and staff evaluations. The program has data management strategies with established procedures for collecting and tracking data, with a management information system and designated staff for tracking data and monitoring reporting.

**APPROVED FUNDING LEVEL:**

01: \$499,999

02: \_\_\_\_\_ 03: \_\_\_\_\_

**Funding Start Date** 9/00

**Funding End Date** 9/03